

Gamblers Assistance Program – Program Discharge (revised 8/24/2010)

Discharge Date:		Date of Last Contact:	
First Name:	MI:	Last Name:	
Previous Last/Maiden Name:			
Address:			
City:	State:	Zip:	

Discharge Status:

<input type="checkbox"/> Administrative DC <input type="checkbox"/> Aged Out <input type="checkbox"/> Choose to decline additional treatment <input type="checkbox"/> Client seen for assessment only/one time contact <input type="checkbox"/> Death, not suicide <input type="checkbox"/> Death, suicide completed <input type="checkbox"/> Did not show for first appointment <input type="checkbox"/> Incarcerated <input type="checkbox"/> Left against professional advice (drop out)	<input type="checkbox"/> Other <input type="checkbox"/> Terminated by facility <input type="checkbox"/> Transferred to another service <input type="checkbox"/> Transferred to other MH TX program- did not report <input type="checkbox"/> Transferred to other MH TX program <input type="checkbox"/> Transferred to other SA TX program- did not report <input type="checkbox"/> Transferred to other SA TX program <input type="checkbox"/> Treatment completed <input type="checkbox"/> Unknown
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Legal Status:

<input type="checkbox"/> Civil Protective Custody (CPC) <input type="checkbox"/> Court Order <input type="checkbox"/> Court: Competency Evaluation <input type="checkbox"/> Court: Juvenile Commitment <input type="checkbox"/> Court: Juvenile Evaluation <input type="checkbox"/> Court: Mentally Dis. Sex Offender <input type="checkbox"/> Court: Presentence Evaluation <input type="checkbox"/> Emergency Protective Custody (EPC) <input type="checkbox"/> Incarceration due to gambling <input type="checkbox"/> Juvenile High Risk Offender <input type="checkbox"/> MHB Commitment	<input type="checkbox"/> MHB Hold/Custody Warrant <input type="checkbox"/> Not responsible by reason of insanity <input type="checkbox"/> Parole <input type="checkbox"/> Parole due to gambling <input type="checkbox"/> Pending due to gambling <input type="checkbox"/> Probation <input type="checkbox"/> Probation due to gambling <input type="checkbox"/> State Ward <input type="checkbox"/> Voluntary <input type="checkbox"/> Voluntary by Guardian
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Mental Health Board Disposition:

<input type="checkbox"/> 90 day suspension <input type="checkbox"/> Discharge with no hold <input type="checkbox"/> MHB commitment	<input type="checkbox"/> MHB discharged <input type="checkbox"/> No MHB commitment <input type="checkbox"/> Transfer prior to legal disposition
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Destination at Discharge: (service related)

<input type="checkbox"/> Do Not Use (Hastings Regional Center) <input type="checkbox"/> Jail/Correction Facility <input type="checkbox"/> Lincoln Regional Center <input type="checkbox"/> MH Inpatient (e.g. DCH/Omaha or Reg. West/ Scottsbluff) <input type="checkbox"/> MH Outpatient <input type="checkbox"/> MH Residential <input type="checkbox"/> Medical	<input type="checkbox"/> Do Not Use (Norfolk Regional Center) <input type="checkbox"/> Other <input type="checkbox"/> SA Intensive Residential (ex: Therapeutic Comm.) <input type="checkbox"/> SA Outpatient <input type="checkbox"/> SA Residential (Halfway House) <input type="checkbox"/> SA Short Term Residential
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Employment Status:

<input type="checkbox"/> Active/ Armed Forces 35+ Hrs <input type="checkbox"/> Active/ Armed Forces <35 Hrs <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full Time 35 +hrs <input type="checkbox"/> Employed Part Time <35 hrs	<input type="checkbox"/> Homemaker <input type="checkbox"/> Resident of Institution <input type="checkbox"/> Retired <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Student	<input type="checkbox"/> Supported Employment <input type="checkbox"/> Unemployed (laid off/ looking) <input type="checkbox"/> Unemployed/ not seeking <input type="checkbox"/> Volunteer
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To what degree are you concerned about your job stability due to problems related to gambling?	<input type="checkbox"/> A Lot <input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Little <input type="checkbox"/> Not at all <input type="checkbox"/> N/A
How safe and stable do you feel your living situation is today?	<input type="checkbox"/> A Lot <input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Little <input type="checkbox"/> Not at all <input type="checkbox"/> N/A
Level of Social Connection: On a scale of 1 to 10, rate the level of connectivity or closeness that you currently experience with family members and/or friends. 1 being not connected or close at all, 10 being fully connected or close to family and friends:		

Living Situation:

<input type="checkbox"/> Child living w/Parent/Relative <input type="checkbox"/> Child Residential Treatment <input type="checkbox"/> Crisis Resident Care <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Other 24 hour Residential Care <input type="checkbox"/> Other Institutional Setting	<input type="checkbox"/> Other <input type="checkbox"/> Private Residence w/ Housing Assistance <input type="checkbox"/> Private Residence w/ Support <input type="checkbox"/> Private Residence w/o Support <input type="checkbox"/> Regional Center <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Youth Living Independent
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Discharge Referral:

<input type="checkbox"/> Agricultural Action Center <input type="checkbox"/> Clergy <input type="checkbox"/> Community Service Agency <input type="checkbox"/> Compulsive Gambling Provider <input type="checkbox"/> Corrections <input type="checkbox"/> County Extension agent <input type="checkbox"/> Court Order <input type="checkbox"/> Court Referral <input type="checkbox"/> Defense Attorney <input type="checkbox"/> Drug Court <input type="checkbox"/> Employee Assistant Pg (EAP) <input type="checkbox"/> Employers <input type="checkbox"/> Family <input type="checkbox"/> Food Pantry <input type="checkbox"/> Friend <input type="checkbox"/> Helpline <input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Hospital <input type="checkbox"/> Internet <input type="checkbox"/> Job Training Office <input type="checkbox"/> Mental Health Commitment Board <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Mental Health Emergency <input type="checkbox"/> Mental Health Non-Residential <input type="checkbox"/> Mental Health Residential <input type="checkbox"/> Mental Retardation Agency <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other Human Service Provider <input type="checkbox"/> Other Medical Facility <input type="checkbox"/> Parole <input type="checkbox"/> Police <input type="checkbox"/> Pre-trial Diversion <input type="checkbox"/> Private Mental Health Practice	<input type="checkbox"/> Private Physician <input type="checkbox"/> Private SA provider <input type="checkbox"/> Regional Center <input type="checkbox"/> SA Emergency/ Detox <input type="checkbox"/> SA Outpatient Counseling <input type="checkbox"/> SA Prevention <input type="checkbox"/> SA Self-help Group <input type="checkbox"/> SA Residential <input type="checkbox"/> School Based Referral <input type="checkbox"/> Self <input type="checkbox"/> Services Psychiatric Eval <input type="checkbox"/> Social Svc. Sex Perp Eval <input type="checkbox"/> State Social Service <input type="checkbox"/> Tribal Elder or Official <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> Yellow Pages
Number of arrests in the past 30 days:		

Gambling History:

Number of work days missed by client in last 30 days due to gambling:	
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Most frequent gambling activity in the last 30 days:					
<input type="checkbox"/> Bingo <input type="checkbox"/> Casino <input type="checkbox"/> Horses/Dogs <input type="checkbox"/> Internet <input type="checkbox"/> Keno <input type="checkbox"/> Lottery <input type="checkbox"/> None			<input type="checkbox"/> Other <input type="checkbox"/> Poker/cards <input type="checkbox"/> Pull Tabs <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games <input type="checkbox"/> Unknown		
Place of Activity:	<input type="checkbox"/> Casino	<input type="checkbox"/> Home	<input type="checkbox"/> Internet	<input type="checkbox"/> Non-Casino	<input type="checkbox"/> Work
Frequency of all types of wagering in the last 30 days:					
<input type="checkbox"/> Never <input type="checkbox"/> 1xMo <input type="checkbox"/> 2-3xMo <input type="checkbox"/> 1-2x Week <input type="checkbox"/> 3-6x Week <input type="checkbox"/> Daily					
Has client ever called the Problem Gambling Help-Line?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this service to be provided, in whole or in part, through Telehealth?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you attend self-help/support groups such as GA?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Household Debt (nearest 1,000):	
Gambling Debt (nearest 1,000):	
Number of Times Gambled Since Intake:	
Significant Other involvement-gambler:	
<input type="checkbox"/> Encouraged Treatment <input type="checkbox"/> Hindered Treatment <input type="checkbox"/> N/A	<input type="checkbox"/> Other (please explain): <input type="checkbox"/> Participated in Treatment
Significant Other involvement-other:	
<input type="checkbox"/> Encouraged Treatment <input type="checkbox"/> Hindered Treatment <input type="checkbox"/> N/A	<input type="checkbox"/> Other (please explain): <input type="checkbox"/> Participated in Treatment
Percent of Debt Repaid:	
DSM Gambling Screen Score:	GAF Score:
Legal involvement related to gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please list types of legal involvement:	

Who/what encouraged client to seek/stay in treatment?	
<input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Employer <input type="checkbox"/> Court <input type="checkbox"/> Legal Worries <input type="checkbox"/> Professional <input type="checkbox"/> Other _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Clergy <input type="checkbox"/> NCCG and/or Helpline <input type="checkbox"/> Gamblers Anonymous <input type="checkbox"/> Debt Losses

<i>Primary Substance:</i>	Age of First Use:	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> 1-2x past week <input type="checkbox"/> No use <input type="checkbox"/> 3-6x past week <input type="checkbox"/> 1-3x past month <input type="checkbox"/> Unknown
	Name:	
	Volume:	Route: <input type="checkbox"/> Nasal <input type="checkbox"/> Smoke <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> Unknown
<i>Secondary Substance:</i>	Age of First Use:	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> 1-2x past week <input type="checkbox"/> No use <input type="checkbox"/> 3-6x past week <input type="checkbox"/> 1-3x past month <input type="checkbox"/> Unknown
	Name:	
	Volume:	Route: <input type="checkbox"/> Nasal <input type="checkbox"/> Smoke <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> Unknown
<i>Tertiary Substance:</i>	Age of First Use:	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> 1-2x past week <input type="checkbox"/> No use <input type="checkbox"/> 3-6x past week <input type="checkbox"/> 1-3x past month <input type="checkbox"/> Unknown
	Name:	
	Volume:	Route: <input type="checkbox"/> Nasal <input type="checkbox"/> Smoke <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> Unknown

Please place numeric indicator by drug to indicate: 1=Primary 2= Secondary 3= Tertiary	
<input type="checkbox"/> **Not Applicable <input type="checkbox"/> Aerosols <input type="checkbox"/> Alcohol <input type="checkbox"/> Alprazolam (Xanax) <input type="checkbox"/> Amphetamine <input type="checkbox"/> Anesthetics <input type="checkbox"/> Chlordiaepoxide (Librium) <input type="checkbox"/> Clonazepam (Klonopin/Rivotril) <input type="checkbox"/> Clorazepate (Tranzone) <input type="checkbox"/> Cocaine <input type="checkbox"/> Codeine <input type="checkbox"/> Diazepam (Valium) <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> Diphenylhydration/Phenytoin (Dilantin) <input type="checkbox"/> Ethchlorvynol (Placidyl) <input type="checkbox"/> Flunitrazepam (Rohypnol) <input type="checkbox"/> Flurazepam (Dalmane) <input type="checkbox"/> GHB/ GBL <input type="checkbox"/> Glutethimide (Doriden) <input type="checkbox"/> Heroin <input type="checkbox"/> Hydrocodone (Vicodin) <input type="checkbox"/> Hydromorphone (Dilaudid) <input type="checkbox"/> Ketamine (Special K) <input type="checkbox"/> LSD <input type="checkbox"/> Lorazepam (Ativan) <input type="checkbox"/> MDMA, Ecstasy <input type="checkbox"/> Marijuana/ Hashish <input type="checkbox"/> Meperidine (Demerol) <input type="checkbox"/> Meprobamate (Miltown) <input type="checkbox"/> Methamphetamine/ Speed	<input type="checkbox"/> Methaqualone <input type="checkbox"/> Methylphenidate (Ritalin) <input type="checkbox"/> Nitrites <input type="checkbox"/> Non-Rx Methadone <input type="checkbox"/> Not Collected <input type="checkbox"/> Other Amphetamines <input type="checkbox"/> Other Barbiturate Sedatives <input type="checkbox"/> Other Benzodiazepine <input type="checkbox"/> Other Cocaine <input type="checkbox"/> Other Drugs <input type="checkbox"/> Other Hallucinogens <input type="checkbox"/> Other Inhalants <input type="checkbox"/> Other Non-Barbiturate Sedatives <input type="checkbox"/> Other Opiates or Synthetics <input type="checkbox"/> Other Over-the-Counter <input type="checkbox"/> Other Sedatives <input type="checkbox"/> Other Tranquilizer <input type="checkbox"/> Other Stimulants <input type="checkbox"/> Oxycodone (Oxycontin) <input type="checkbox"/> PCP or PCP Combination <input type="checkbox"/> Pentazocine (Talwin) <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Propoxyphene (Darvon) <input type="checkbox"/> Secobarbital (Seconal) <input type="checkbox"/> Seconbarbital/Amobarbital (Tuinal) <input type="checkbox"/> Solvents <input type="checkbox"/> Tramadol (Ultram) <input type="checkbox"/> Triazolam (Halcion) <input type="checkbox"/> Unknown